

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000032158

1. Entity Name
POLITZER PRODUCTIONS CORP.



Principal Place of Business
**2350 NW 96 AVE
MIAMI, FL 33172**

Mailing Address
**2350 NW 96 AVE
MIAMI, FL 33172**



04112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0764941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SCHWARZ, ALFREDO
2350 NW 96 AVE
MIAMI, FL 33172**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

AGENT

(NOTE: Registered Agent signature required when reinstating)

4/10/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**110000514778
04/29/06-80172-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHWARZ, ALFREDO
STREET ADDRESS	2350 NW 96 AVE
CITY-ST-ZIP	MIAMI, FL 33172

TITLE	VSD
NAME	SCHWARZ, ILSE
STREET ADDRESS	2350 NW 96 AVE
CITY-ST-ZIP	MIAMI, FL 33172

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/10/06 305-717-3499

Date

Daytime Phone #